

FORM NO. 5. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

WRI  
N. B. McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Abbeville  
Township of .....  
or  
Inc. Town of Abbeville Registration District No. 1-A Registered No. 19  
or  
City of Abbeville (No. 1000 St. 3rd Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(2) Full Name of Child Jane Elizabeth Yeargan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Female (4) Twin or Triplet? 0 (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH June 8 1915  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME John E Yeargan  
(9) PRESENT POSTOFFICE OF FATHER Abbeville  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 54 (Years)  
(12) BIRTHPLACE Abbeville Co  
(13) OCCUPATION Mill work  
(20) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Jubitha Clin  
(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE Abbeville Co  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
(22) I hereby certify that I attended the birth of this child, who was born at 4:10 P. M. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) R. G. Gambrell  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville

Given name added from a supplemental report  
..... 191.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed May 8th 1915 (28) T. G. Perrin Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar Local Registrar

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